	in the state of th	
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  ORG. of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.	ARIZO  1. PLACE OF BIRTH  County	CONA STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS  STANDARD CERTIFICATE OF BIRTH  State  Or Village.  Or Village.
	in event of plural	No St. Ward  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  [If child is not yet named, make supplemental report, as directed.]  Twin, triplet or other
	8. Full name New York	Blain Full maiden name Velda Combs
	9. Residence (Usual place of abode)  If non-resident, give place and state.  10. Color or race	15. Residence (Usual place of abode)  If non-resident, give place and state.  16. Color or race
	11. Age at last birthda  12. Birthplace (city or place)	day 21 (Years)  18. Birthplace (city or place).
	(State or country)  13. Occupation  Nature of industry	(State or country)  19. Occupation Nature of Industry
	20. Number of children of this mother.  (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living 21. Were precautions taken against ophthalmia neonatorum?  (b) Born alive but now dead 0 thalmia neonatorum?
	I hereby certify that I attended the birth of this chil	(Born alive or stillborn.)
	or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Given name added from	(Physician or Midwife).
N. B.—In	a supplemental report Month, day, year  Registrar	Filed 6/7 1929 S. E. W. Registrar
=	525-51	14.532